

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/593990 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4		/		/		
5						
6	/		/			
7		/		/		
8		/		/		
9						
10	/		/			
11		/		/		
12		/		/		
13	/		/			
14		/		/		
15	/		/			
16		/		/		
17		/		/		
18		/		/		
19						
20	/		/			
21		/		/		
22	/		/			
23		/		/		
24		/		/		
25		/		/		
26	/		/			
27		/		/		
28		/		/		
29		/		/		
30	/		/			
31		/		/		
32	/		/			
33		/		/		
34		/		/		
35	/		/			
36		/		/		
37		/		/		
38		/		/		
39						
40		/		/		
41		/				
42	/			/		
43		/		/		
44		/		/		
45		/		/		
46		/		/		
47		/		/		
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						